

BROWN BELT WAIVER 2023 U.S. Open Judo Championships VETERANS BROWN BELT AND BELOW REQUEST FOR WAIVER

Name:					
Email Address:			Phone Number:		
Club Nam	ne:				
Coach's Name:					
Coach's Email address:					
Coach's Phone Number:					
Number of years practicing jude			g judo:	Current Belt Rank:	

List top 5 finishes in competition:

Name of Competition	Finish/Place	Year	

Please include your coach's signature

and attach a copy of his/her black belt certificate:

	, a Judo Instructor, who has been
(Name of Instructor) awarded the Judo rank of Shodan of	or higher, recognized by United States Judo, Inc.,
hereby certify that,	, although not having
been awarded the Judo rank of Shodan or higher, is of s	sufficient aptitude and skill in Judo to compete in
the 2023 US Open Veterans Judo Championships. As	the Coach, I understand that this is only valid
with a copy of my black belt certificate attached.	

_Yes, I have attached my black belt certificate.

Signature of Judo Instructor

All requests will be reviewed by the Tournament Director, Mr. Gerry Navarro & John Miller. All applicants will be contacted regarding their request within 7 business days after receiving.

Date

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